## **AUTHORIZATION FOR BACKGROUND CHECK**

<<Child Abuse and Neglect Tracking System (CANTS)>>

Last First Middle  Date of Birth: Gender (circle): Male Female Race:  Current Address:  Street/Apt #  City State Zip Code  List all addresses at which you have resided in the past five years:  List maiden name and/or all other names by which you have been known: (last, first, middle)  List maiden name and/or all other names by which you have been known: (last, first, middle)  Thereby authorize the < <pre>cprogram or agency name&gt;&gt; to conduct a search of the &lt;<child (cants)="" abuse="" and="" neglect="" system="" tracking="">&gt; to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed</child></pre>	Name:			
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agency>>			< <name< td=""><td><u>-</u></td></name<>	<u>-</u>
			agency>	>

## **National Sex Offender Registry Check**

I hereby authorize the <<sponsoring agency/program name>> to conduct a sex offender registry check, using the information provided below, on the Department of Justice National Sex Offender Registry, <a href="https://www.nsopr.gov">www.nsopr.gov</a>.

I acknowledge that in order to participate in the <<pre>rogram name>> this sex offender registry check must be conducted in order to comply with the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

I understand that the information obtained during the sex offender registry check will be used solely for the purpose of determining my eligibility to participate in the <<pre>rogram name> and will remain confidential.

I understand that if I am subject to a state sex offender registration requirement, I am deemed unsuitable for and may not serve in an AmeriCorps program, according to the AmeriCorps subgrantee rules as set forth by the Corporation for National & Community Service.

However, before such determination is made, I will have the opportunity to review and challenge the factual accuracy of a sex offender registry check result.

Signature of AmeriCorps applicant	Date			
First Name				
Last Name				
County	City			
State	Zip Code			
*If residency at above address is less than one year, please list previous address:				
County	City			
State	Zip Code			